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ABSTRACT

In this project, Black children aged four and a half or older who had been placed in white adoptive homes were studied to determine whether or not they have a different self concept, a different degree of psychopathology and a different reaction to black and white skin color than do a similar group of Black children placed in Black homes. The Black children in both sets of families were rated, and a score given to each based upon his/her responses to a questionnaire, self-rating drawings, and observation. The data obtained indicated that no significant differences existed between the Black children adopted into White families and the Black children adopted into Black families in the areas of self esteem and psychopathology. However, the White family-raised Black children did have a different perception of Black and White skin color. They saw blackness and Black skin color more negatively than did Black children raised in Black families. (Author/MML)

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SELF-ESTEEM IN THE BLACK CHILD PLACED IN A WHITE FAMILY: AN INTRODUCTORY STUDY.

by

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Introduction:

In the last decade it became clear that there was an ever increasing need for families for homeless Black children. It has been estimated that there are about one hundred times as many families available for white children as for Black.[1] Consequently, one attempt to resolve this critical state of affairs has been the adoption of Black children by white families. The Children's Bureau estimated that in 1972 there were 15,000 white American families that had adopted transracially. This trend started in earnest in 1958 when the Children's Service Center of Montreal began to accept white parent applicants for Black children needing placement. The Open Door Society was thus formed.

It naturally follows that the adoption of a Black child by white parents raises some fundamental questions regarding the effects on the Black child thus adopted. The National Association of Black Social Workers, in its legitimate concern for Black children, has taken a strong stand against this practice. In 1972 their membership condemned it, arguing that a white family could not successfully transmit a Black identity to a Black child and neither could it equip him with the coping mechanisms he would need for growing up

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in a racist society. A. Chinezie[2], a social worker, stated: "Typical white adoptive parents would not be able to transmit (to their adoptive Black children), the adaptive inclination to doubt. White adoptive parents tend to play down the harshness and immorality of racism by not discussing it, or they may give a Black child the idea that it is everywhere. Others say they would teach a child not to carry a chip on his shoulder. The child also sees negative evidence of exceptionality in himself (his different hair grooming habits, for instance). A Black child might tend to develop anti-Black prejudice growing up as he does in a white neighborhood. White raised Black children can also develop dysfunctional coping mechanisms."

Another social worker, Leon Chesteng[3], stated in regard to this idea, "Coping in this society requires the development of adaptive modes that provide protection from the destructive effects of society, such as maneuvering, seduction and self-enhancement through redefinition."

This concern over the problem of identity in these Black children raised in white homes has prompted this present study. When the physical characteristics of a child differ from the majority of others in his environment, some think that his self-concept may be affected in a negative way. Clark and Clark (1939 and 1947)[4], Stevenson and Steward (1958)[5], Morland (1958)[6], and Stevenson and Stevenson (1960)[7], found that the ability to make racial distinctions first occurs at approximately three years of

age for all children. By age six or seven this ability has increased to the point where all children make these identifications correctly. The Clark's work suggests that age four to five years may be the crucial period in the formation of racial attitudes in relation to the self-concept and to others.

Goodman (1946)[8], and later the Clarks and Morland, found that white children make more correct racial self-identifications than Black children. In the Goodman study many of the children, Black and white, assigned roles that reflected pervasive stereotypes of Black and whites, (Blacks-negative; Whites-positive) when asked to assign roles to Black and white dolls.

A question that arises in consideration of the above observations is: What is the self-concept of a child who is racially different from his parents? Will the trans-racial adoption negatively affect these children?

There have been some studies on the personalities of white parents who adopt transracially but not many on the personalities of the children. The focus of this paper is the Black child himself. Falk (1969 and 1970)[9] found that transracially adopting parents are more isolated from their kinship system, receive less approval of the adoption by friends, relatives and neighbors but are less concerned with the opinion of these others regarding the adoption. They tend to be more community-minded and less ethnocentric. In choosing to adopt transracially, they appear to be re-

sponding to the child's needs for having parents rather than to their own needs for a child as in-racial adoptive parents do. These transracial parents have a "room for one more attitude", so-called because they frequently have children of their own.

Shireman and Johnson[10], in a four-year follow-up of transracial adoptions, found that there is no higher incidence of problems among these children than in any other group of adopted children.

Simon's[11] excellent study of 204 families who had adopted at least one non-white child (American Indian and Black American), revealed that the Black children adopted by white families do not acquire the ambivalence toward their own race that has been reported among all other groups of young Black children. Simon's results showed that the white children raised in their own biological family with at least one adopted Black child do not prefer white to other groups as do most other white children generally and that there were not significant differences in the racial attitudes of any of the children raised with children of another race. On the matter of identity, no evidence was found by Simon that white children made more accurate designations than did Black children - findings which depart from the mode. There was only one instance in which the Black children showed a lower sense of awareness, or perhaps ambivalence about their identity than did white children - that was in matching a doll's skin color with their adoptive

parents' skin color. They did not make this error in selecting figures that represented themselves or their siblings. Simon concluded by saying: "Our findings offer no evidence that Black children raised by white parents are acquiring a preference for Black over whites. They show only that these Black children raised in white families perceive themselves as Black as accurately as white children perceive themselves as white."

Another most thorough study done by Shapiro and Grow[12] reported on 125 Black children at least six years of age adopted by white parents. In this exhaustive study they make the following cautious statement:

"Eight things tend to predict a somewhat greater degree of success in transracial adoptions: The adoptive parents must acknowledge the child's Blackness; there is a larger adoptive family size; the adoptee is a girl; the Black child has been in the home for at least five years; the adoptive father is a professional person; infertility provides the main motivation for adoption; the adoptive family has frequent contact with relatives; and the agency has met the adoptive parents' intellectual demands as far as the child goes."

Finally, Marmor[13] reported in 1974 on the high altruism, self-confidence, self-awareness and low ethnocentricity of white transracial adoptive parents. According to Marmor, they also have high maturity, high frustration tolerance and high independence and flexibility.

Hypothesis, Sample, Method and Instruments:

The authors of this study hypothesized that the self-esteem level in adopted Black children raised in Black families would be higher than for adopted Black children raised in white families. To find out whether this was true, we studied two groups of Black children; those in white families and a control group in Black families. We then compared the children in the two groups in regard to their self-esteem level, the degree of their psychopathology and their color identity.

Because there have been very few studies on trans-racial adoptions dealing predominantly with the personalities of the Black children themselves, the authors have focused on this area in this paper. The data is based on interviews with 12 Black children from 10 white families and 12 Black children from 8 Black homes, all from the Greater New York Metropolitan area. All of these children are adopted and all are between the ages of 5 and 14 years. Most are between 6-10 year of age. (See Table I)

Each family was interviewed by one of the authors in their home (one case was interviewed outside of the home - in the senior author's office at the family's request). The interview consisted of a psychiatric diagnostic interview with each Black child and with each parent individually. The child was then also given the Piers-Harris Self-Concept Scale* administered by the examiners. Then the child was

*This Scale developed in 1964 measures the child's inner feelings about himself.

asked to draw a picture of himself as he is and the way he would like to be. This drawing was used in this presentation as an aid in determining the mental health and body image of the children.

In addition to the clinical interview, the authors used the Neuropsychiatric Work Sheet, an instrument developed by Richard Frank, M.D., as an adjunct recording form. Each person interviewed was given a psychiatric diagnosis but in addition the children were rated using a scale of 1+, 2+, 3+, with 1+ indicating a significantly great amount of psychopathology, and 3+ a minimal amount of psychopathology; (in other words a psychiatric picture that could be considered essentially normal); 2+ was in between. All the data was reviewed by both authors with a concensus being reached on all conclusions. Finally, the children were asked seven questions related to their race. They were graded on the extent to which their comment about their own color related to Black, White, or some other color.

The children were asked:

1. What is your race?
2. What is your color?
3. What color is your adoptive mother?
4. What color is your adoptive father?
5. What color is the doctor interviewing you?
6. If you had a best friend would that person be Black, White, other?
7. If you had your choice, would you prefer to be Black, White, or some other color?

An attempt was made to get comparable family groups (White and Black). As the referrals for interviewing receptive parents came in from different agencies, it seemed that there was a slightly higher socioeconomic level in the white families. (See Table I-A). The Black families had no fathers in the professions but there were several in the white family group. This was a factor difficult to control as there are far fewer Black family professionals or middle-class families than white families. We intend to seek these types of families, however, in the Black group as we add more cases.

However, most of the Black families lived in good neighborhoods and had housing equal in quality to those of the white families. With a larger number of cases, the socioeconomic status could be quantified according to available norms.

Findings:

The Piers-Harris Children's Self-Concept Scale scores were as follows: (See Table II) Black Family Children - Mean Score: 62.5; White Family Children - Mean Score: 61.7.

There was no ostensibly significant difference between the two groups of Black children on the Piers-Harris Children's Self-Concept Scale.

The clinical examination of each child was evaluated as to the probability of psychosis. Of all the children, only 2

There was one single parent adoption in the group of white families. Both boys in this family had had several previous placements and the single parent, a mother and a professional person, had asked for "the hardest children to place". Two months after our interview, the sickest of these children began to act out severely, necessitating psychotherapy.

from the same household (living with the single-white adoptive mother) were considered "borderline". In all the other children there was no question of psychosis. Three-plus was reserved for the healthiest, as mentioned above. There were 5 three-plus scores in the Black children from white families and 5 three-plus scores in the Black family children. There seemed to be, however, a general clustering of the psychopathology around the phobic areas for many children from Black families with somatic and acting-out tendencies also prevalent for many from both white and Black families. (See Table III).

From this finding, it would seem, however, that even if the healthiest Black children are going to white families, they still stay relatively healthy (2 boys with the single-white parent are an exception, probably related to the previous homes which were quite disturbed).

In regard to previous placements, the children from white homes had fewer. Excluding the one case with four placements in the white family group and the case with an unknown number of placements in the Black family group, the average number of placements for white family children is .58; for Black family children it is 1.25. (See Table IV)

This indicates that the white family children had collectively half the number of prior placements as the Black family children.

Another factor, length of time in the current foster home, is shown in Table IV-A. This length of time for each child

is then placed in juxtaposition to the child's age so that one can see the two at a glance. The median score in years is calculated for the white raised group of children as 4.6 years and the Black raised group as 5.3 years, a difference of .7 years which is not significant.

Next the self-ratings on the color questions were recorded. The Black children had a higher percentage of umambivalent responses about color. They also had more consistently positive feelings about the color Black, whether it applied to them personally or whether it was related to their parents' color, the examiner's color, or the color of their best friend, or the color they would most prefer for themselves. The "white family" Black children generally preferred the color white and fudged on the color "black". Some "Black family" children used brown as their favorite color for all the questions. It seemed to be a safe compromise for them. The children with the greatest degree of psychopathology (1 borderline boy wanted to be Japanese and a mildly retarded girl not included in the statistics of the study) gave a different color of the rainbow for each of the color questions. (See Table V.)

The one Black family child who hated the color "Black" got an extremely low score (40) on the Piers-Harris Scale and 2+ on the psychopathology scale. (See Table VI).

Summary:

While it is true that this study has a relatively small number of cases, it does seem that certain trends appear in the data which have some meaning. First, the Piers-Harris scores of Black children in white families is not significantly lower than the scores of Black children in Black families. This is corroborated to some extent by the Simon's study. Our hypothesis that the self-esteem of Black children in white families will be lower, was not shown to be valid.

Secondly, the mental health of the children was compared and there appears to be no indication of a major difference in the two groups. The White raised Black children certainly do not seem to be getting worse psychiatrically speaking even if we were to assume that the agencies have placed healthier Black children in white homes.

Lastly, the question of the color identity and preference was examined. The Black family children clearly were less ambivalent about their color and were more favorably inclined to see themselves as Black and to see black in a positive light, whereas the white family children were ambivalent and preferred White to Black. The preferences of white family raised Black children to Black family raised Black children were almost reversed as to Black and White. (See Table VI). Seven "Black family" children preferred Black to 1 "Black family" raised child who preferred white. Whereas 5 "White family" raised Black children preferred white to only

3 who preferred black as a color. This last finding is contradictory to Simon's study. Three of the "White family" Black children were markedly anxious when discussing their color.

There is an obvious need to expand the number of cases reported on. Studies must also be done on these "white raised" children when they reach adolescence and adulthood. Not until these life phases are studied will we really know the long-range effects of transracial adoptions on the psyche of these children.

The authors are grateful to Fred Brown, Ph.D., who assisted them in the planning and development of this study.

TABLE .

RACE AND GENDER DISTRIBUTION BY FAMILY

Family	Males	Females	Total # of Children
WHITE (10)	5	7	12
BLACK (8)	3	9	12
Totals.....	8	16	24

TABLE I-A

FATHER'S PROFESSION

(Socioeconomic Status)

WHITE FAMILIES	BLACK FAMILIES
1) Maintenance Man	1) Bus Driver
2) Insurance Salesman	2) Policeman
3) Podiatrist	3) Mental Hospital Aide
4) Business Executive	4) Housing Maintenance Man
5) Ethical Culturalist Worker	5) Self-Employed Carpenter
6) Efficiency Expert	6) Mechanic
7) Part-Time Electrician	7) Baker
8) Magazine Proof Reader	
9) Computor Systems Engineer	
*10) Social Worker	

*Mother

TABLE II

PIERS-HARRIS SCORES: FAMILY, RACE, AGE, GENDER

WHITE FAMILIES				BLACK FAMILIES			
Boys	Age	Girls	Age	Boys	Age	Girls	Age
59	5	61	7	44	6	66	8
51	8	75	6	70	8	59	14
56	8	69	8	74	7	70	8
72	7	62	5-1/2			74	10
52	8	61	6			75	7
		59	5-1/2			40	6
		63	7			69	5
						58	5
						61	5

Mean Score of the Black children in the White families was: 61.7

Mean Score of the Black children in the Black families was: 62.5.

TABLE III

DEGREE OF PSYCHOPATHOLOGY BY TYPE OF FAMILY AND GENDER OF CHILD

WHITE FAMILIES		BLACK FAMILIES	
Girls	Boys	Girls	Boys
1+	2+	3+	2+
1+	1+	2+	2+
2+	1+	2+	3+
3+	2+	1+	
3+	3+	2+	
3+		1+	
3+		2+	
		3+	
		3+	
		3+	

WHITE FAMILY CHILDREN	BLACK FAMILY CHILDREN
5 - 3+ Scores	5 - 3+ Scores
3 - 2+ Scores	6 - 2+ Scores
4 - 1+ Scores	1 - 1+ Score
Total..12	Total...12

Key: 1+ - Much Psychopathology
2+ - Some Psychopathology
3+ - Very Little Psychopathology

TABLE IV

PREVIOUS PLACEMENTS

CHILDREN IN WHITE FAMILIES	CHILDREN IN BLACK FAMILIES
0	1
0	1
0	2
1	?
4	0
2	2
1	2
0	2
1	1
1	1
1	2
0	1
Average .58	Average 1.25

Note: If a Child came to the current home before 6 mos. of age, then for purposes of this study it was considered to have no previous placement.

TABLE IV-A

LENGTH OF TIME IN CURRENT ADOPTIVE HOME OVER AGE OF CHILD

CHILDREN IN WHITE FAMILIES			CHILDREN IN BLACK FAMILIES		
5/5	4/5	Median Score:	7/8	5/6	Median Score:
8/8	7/7		4/10	8/11	
7/7	3/6	4.66 yrs.	3/8	8/11	5.3 yrs.
3/8	4/5		8/8	5/5	
1/9	2/6		7/14	4/7	
4/7	8/8		3/7	2/6	

TABLE V

DESCRIPTION OF SELF REGARDING COLOR (SEES SELF AS)

WHITE FAMILIES		BLACK FAMILIES	
Boys	Girls	Boys	Girls
Black	Brown	Brown	Black
Ambivalent	Brown	Black	Black
Black	Black	Brown	Brown
Brown	Black		Black
Brown	Brown		Black
	Brown		White
	Brown		Black
			Black
			Black

4	- Black	8	- Black
7	- Brown	3	- Brown
1	- Ambivalent	1	- White
Total 12		Total 12	

TABLE VI

COLOR THE CHILD PREFERS FOR THEMSELVES

WHITE FAMILIES:		BLACK FAMILIES:	
Boys	Girls	Boys	Girls
White	White	Brown	Black
Black	Black	Black	Black
Japanese	"Makes No Difference"	Ambivalent	Ambivalent
White	Brown		Black
White	White		Black
	Black		Brown
	Brown (Hates Black)		White
			Black
			Black

5 - White	7 - Black
3 - Black	2 - Brown
1 - Japanese	2 - Ambivalent
1 - "No Difference"	1 - White
2 - Brown	
Total 12	Total 12

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